

Name

in Full

Samuel F. Burgess

CERTIFICATE OF DEATH

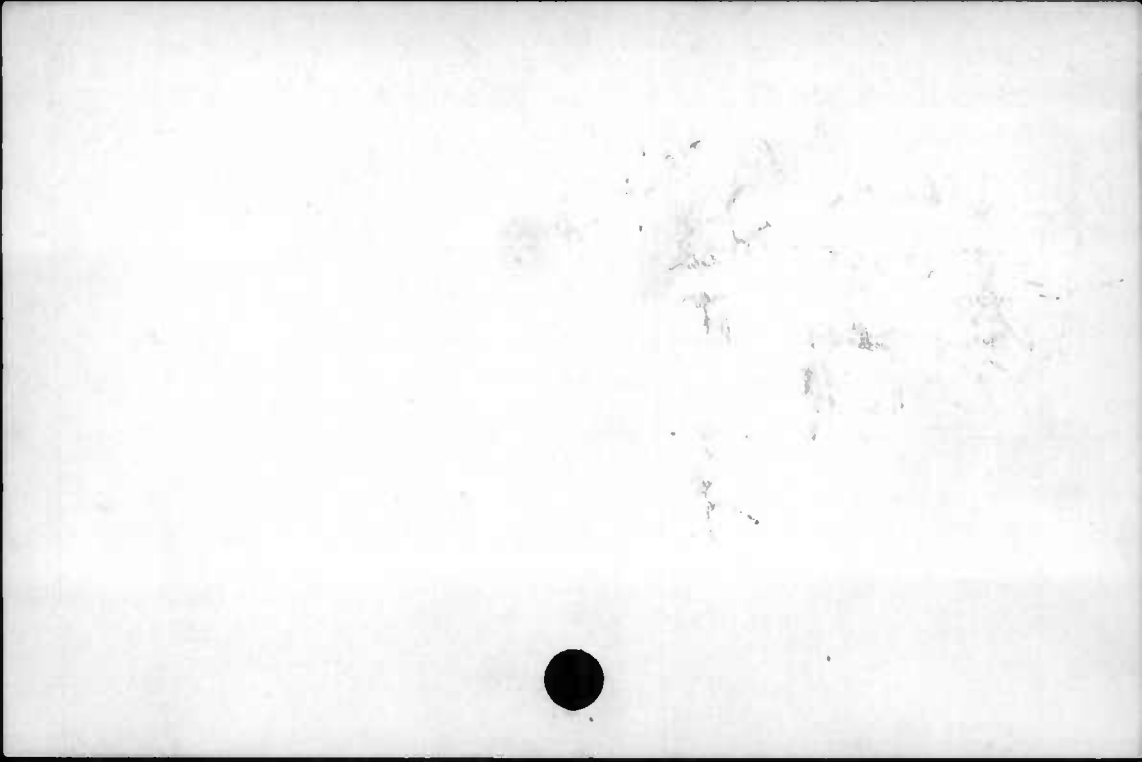
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death		Month <i>June</i>	Day <i>20</i>	Age <i>66</i>	Years <i>66</i>	Months <i>—</i>	Days <i>—</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Wheelwright</i>			Where Residing if not at place of death			<i>—</i>
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Ella M. Walker</i>			
Father's Name	<i>George Burgess</i>					Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Elizabeth Earlougher</i>					Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Ella M Burgess</i>					How related to deceased	<i>Wife</i>

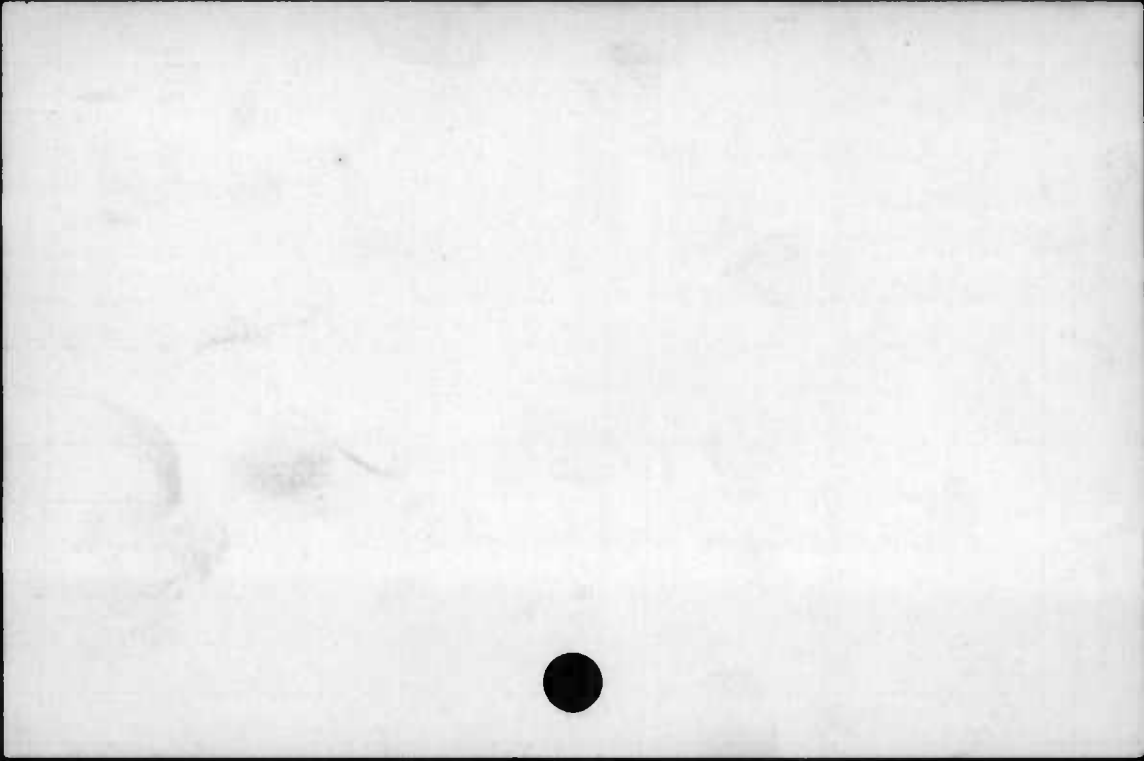
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>		How long	<i>3 weeks</i>
Immediate	<i>Pneumonia</i>		How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	Signature of Physician	<i>Wm. B. Rogers</i>
			Address	<i>Ellicott City, Md.</i>
Accident or Suicide? <i>—</i>				



Name in Full		Louis Dent				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Ellicott City		Howard		MARYLAND			
	Date of death 1906		June		7		Age 32		Months — Days —	
	Sex Male		Color or Race colored		Birth-place Maryland					
	Married, Single or Widowed		Married		Occupation Labor					
	Name of Wife or Husband		Hollie Dent							
	Father's Name		James Dent		Father's Birthplace		Maryland			
	Mother's Maiden Name		Sophia Dent		Mother's Birthplace		,			
Name of person giving information		Bash Dent		How related to deceased		Brother				
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Tuberculosis - Phthisis		How long 8 months					
	Immediate		Gastritis		How long					
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. M. A. Rogers M.D.			
					Address		Ellicott City, Md			
Accident or Suicide?										



Name in Full Bradley C. Gernig		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Pink Orchard		Town Howard		County Howard
	Date of death 1906		Month June	Day 26	Years 7
	Sex Male		Color or Race White		Months 1
	Married, Single or Widowed Single		Birth-place Maryland		
	Name of Wife or Husband		Occupation school boy		
	Father's Name John H. Gernig		Father's Birthplace Maryland		
	Mother's Maiden Name Della Grimes		Mother's Birthplace ..		
Name of person giving information John H. Gernig		How related to deceased Father			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Typhoid Fever		How long 21 days		(1)
	Immediate Neuroinfection		How long 7 days		
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John W. Mc...		
	Accident or Suicide?		Address West Friends Ship Howard County Md.		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph F. Grace* Town *Elchester* County *Howard* MARYLAND

Died at *Elchester* Date of death *1906* Month *June* Day *10* Age *59* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Track Hand.* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Algivia Yeald Hall*

Father's Name *Jesse Grace* Father's Birthplace *Maryland*

Mother's Maiden Name *Louise Carey* Mother's Birthplace *Maryland*

Name of person giving information *Algivia Grace* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Nephritis* How long *Over 2 yrs.*

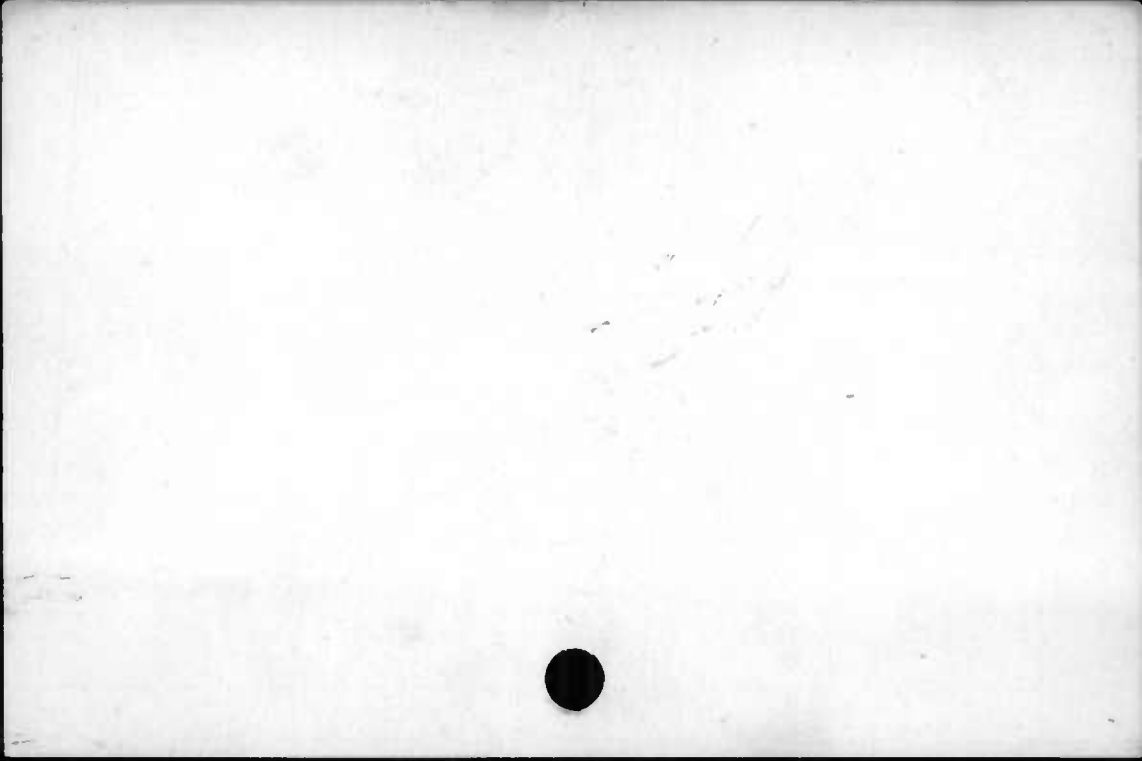
Immediate *Cerebral Hemorrhage* How long *Four minutes*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

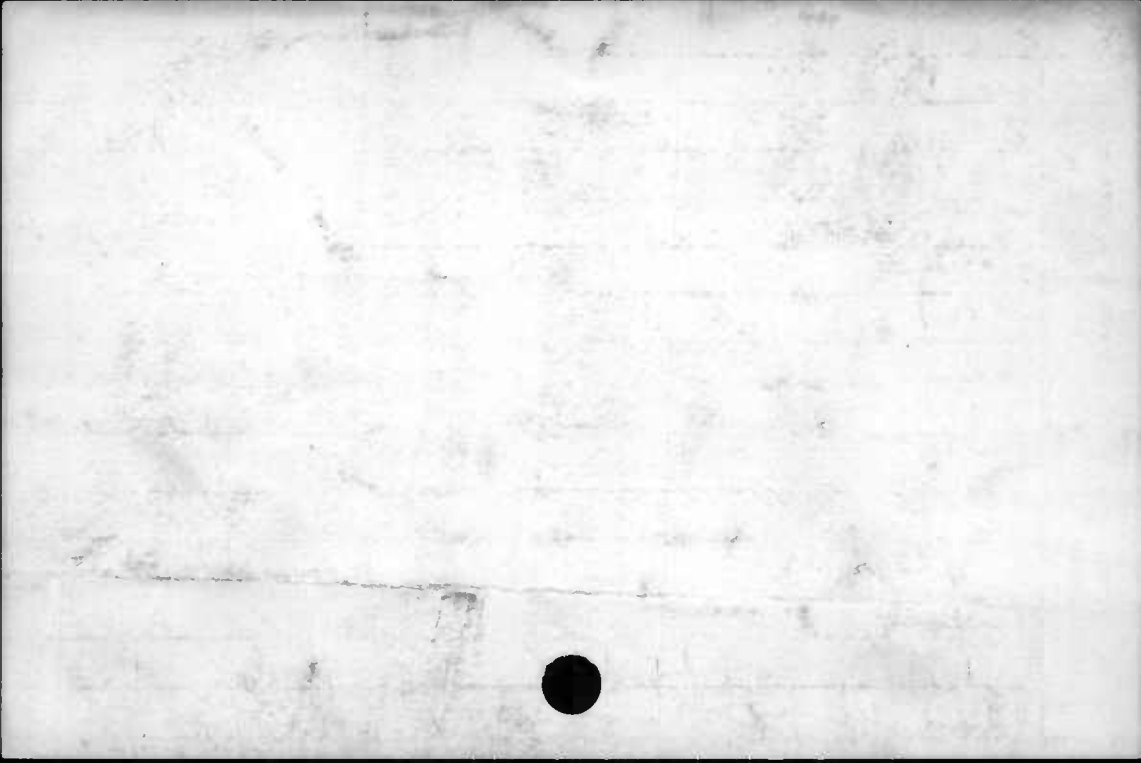
Signature of Physician *N. C. Strode M.D.*

Address *Bellicott City Md*

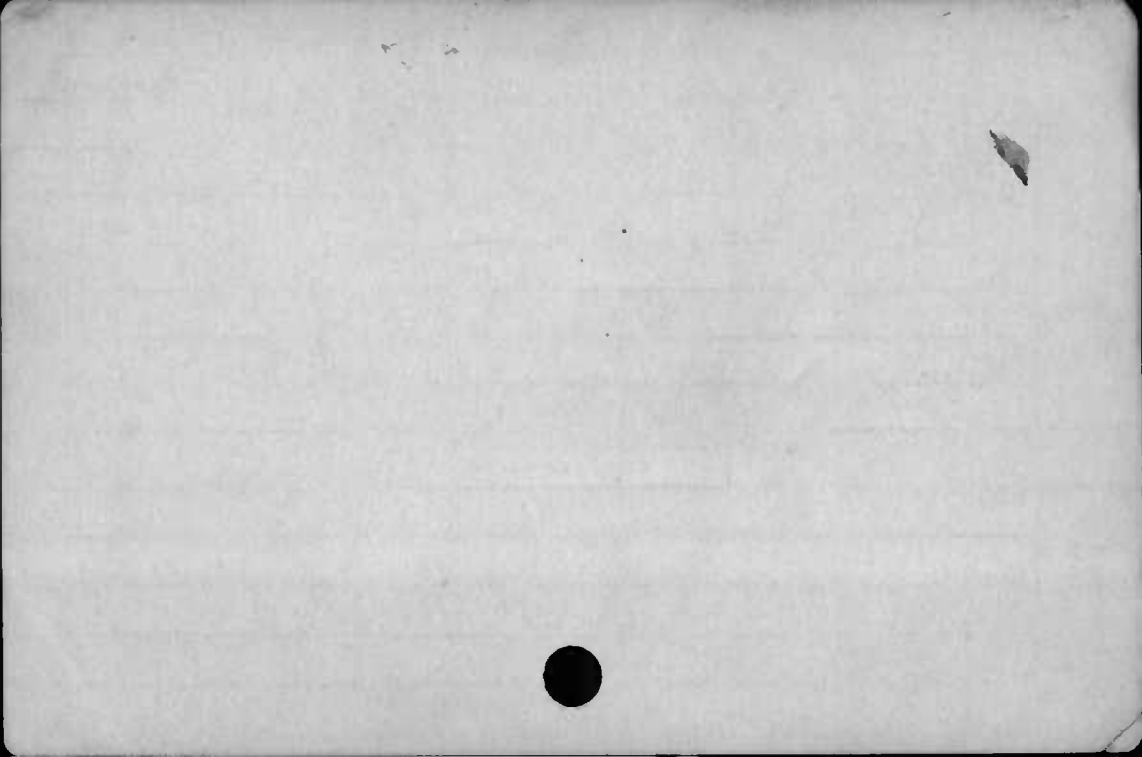
Accident or Suicide? *—*



Name in Full		Ridgely L Griffith-				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town ELK Ridge		County Howard		MARYLAND	
	Date of death	1906	Month June	Day 1st	Years 38	Months	Days
	Sex	Male		Color or Race	-white		Birth- place
	Occupation	Mechanic		Where Residing if not at place of death		Maryland	
	Married, Single or Widowed	married		Name of Wife or Husband		Maggie Griffith-	
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
Name of person giving In formation	Maggie Griffith				How related to deceased	wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pneumonia preceded by influenza				How long	14 days
	Immediate	"				How long	"
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician		Arthur Williams	
	Address			gcr Ridge Ind			
Accident or Suicide?	no						



Name in Full		Thomas Harding				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	Sex		Color or Race		Birthplace		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased					
<div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		How long				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
	Address						
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Superiorville</i>		Town <i>Superiorville</i>		County <i>Johnson</i>		State <i>MARYLAND</i>	
Date of death 190 <i>6</i>	Month <i>6</i>	Day <i>7</i>	Age	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>negro</i>	Occupation		Birth-place <i>Ind</i>			
Married, Single or Widowed <i>—</i>							
Name of Wife or Husband <i>—</i>							
Father's Name <i>Larkin Johnson</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Annie Kelly</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>Albert C Deroy</i>				How related to deceased <i>uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Still born</i>	How long <i>his</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Albert C Deroy</i>
	Address <i>Superiorville Ind</i>
Accident or Suicide?	

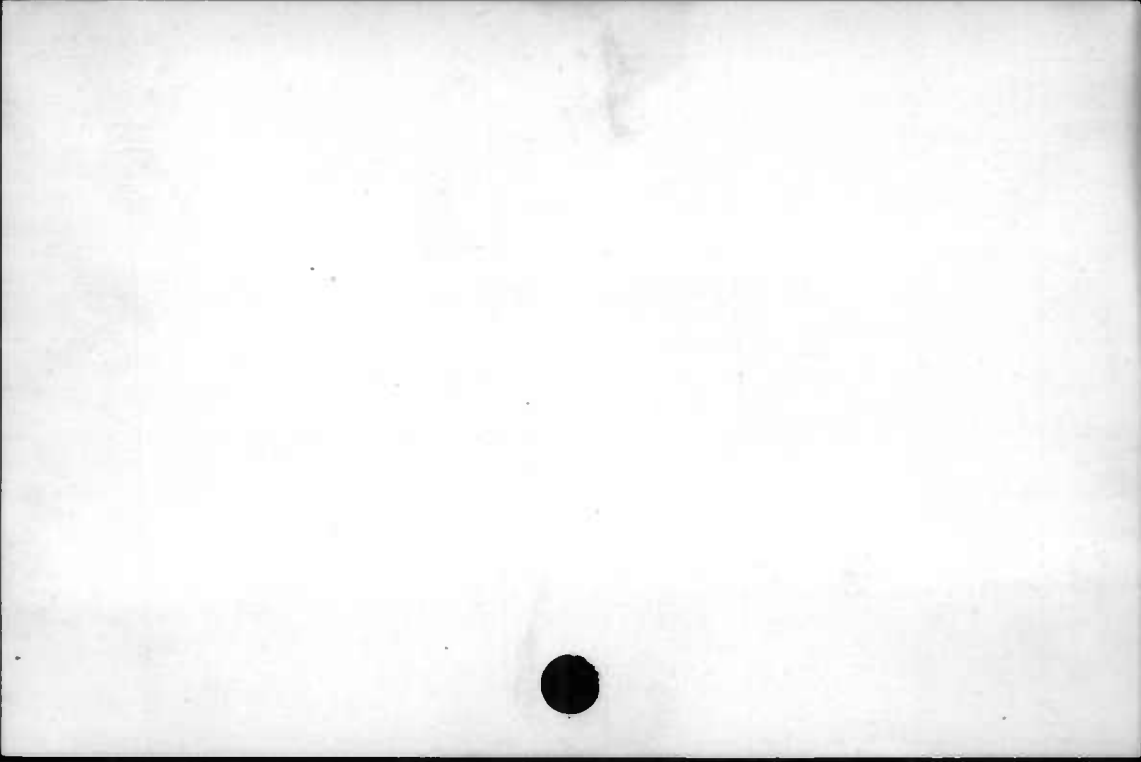


CERTIFICATE OF DEATH

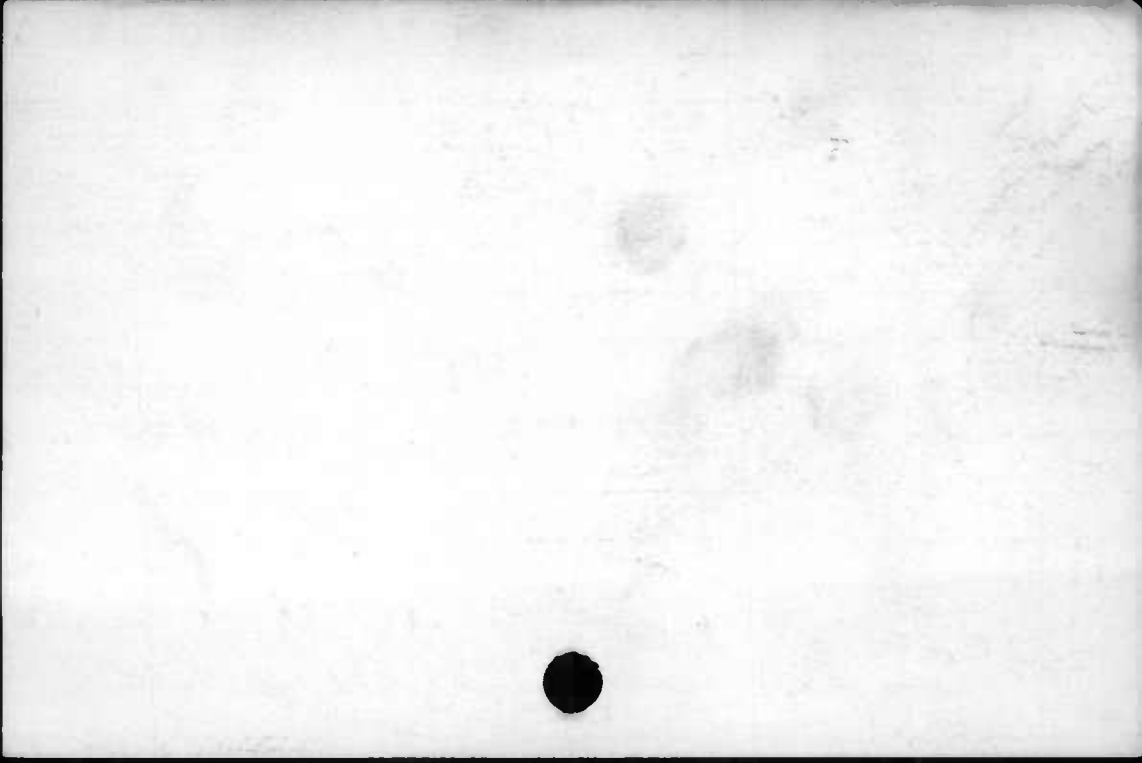
Laughter

CAUSES OF DEATH

W. J.



Name in Full Wm A Inars		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died near Elk Ridge <small>Town</small>		Howard <small>County</small>
	Date of death 1906 June 27		MARYLAND
	1906 <small>Year</small>	June <small>Month</small>	27 <small>Day</small>
	male <small>Sex</small>	Black <small>Color or Race</small>	6 <small>Months</small>
	Farmer <small>Occupation</small>	at place of death <small>Where Residing if not at place of death</small>	Birthplace Maryland
	Married, Single or Widowed Widowed	Name of Wife or Husband _____	
	Father's Name _____	Father's Birthplace _____	
Mother's Maiden Name _____	Mother's Birthplace _____		
Name of person giving information James Inars	How related to deceased Brother		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Cerebral hemorrhage	How long 6 hours	
	Immediate same	How long same	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Arthur Williams	
	Accident or Suicide? no	Address Elk Ridge Howard Co Maryland	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Pratty

Died at ^{Town} Woodstock

County Howard

MARYLAND

Date of death 1906 June

Day 13

Age 52 about

Months

Days

Sex female

Color or Race white

Birth-place Ireland

Occupation none

Where Residing if not at place of death

same

Married, Single or Widowed Widow

Name of Wife or Husband

Michael Pratty (deceased)

Father's Name OK

Father's Birthplace Ireland

Mother's Maiden Name OK

Mother's Birthplace Ireland

Name of person giving information Theo M. Young

How related to deceased none

154

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Similarity of several

How long weeks

Immediate suicide

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. J. Triple and
Grantsburg

Accident or Suicide?

Woodstock

Name in Full		Kali Nelson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Atholton		County Howard		MARYLAND
	Date of death	1906	Month 6	Day 27	Age 60	Years	Months Days
	Sex	female	Color or Race negro		Birthplace Md		
	Occupation	Housewife		Where Residing if not at place of death at home			
	Married, Single or Widowed	married	Name of Wife or Husband		Henry Nelson		
	Father's Name	Leroy Nelson		Father's Birthplace		Md	
	Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	Wick Nelson		How related to deceased		Brother-in-law		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Gastritis			How long	One year	
	Immediate	Rehabilitation			How long	2 weeks	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
			Address		M. L. Williams, M.D.		
	Accident or Suicide?		within		Savage		



Name in Full

Certificate of Death

Johanna L Petrischeniskir

Town

County

Died at

Ellicott

Howard

MARYLAND

Date 189

6

Month

Day

June 20

Age

Y.

M.

D.

3 11

Native of

Maryland

Occupation

~~Male~~

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Mother's

Name

Charley Petrischeniskir Mary Petrischeniskir

Cause of

Primary

Death

Immediate

Love pneumonia



How long sick

12 hours

~~Accident, Suicide, Homicide~~

Reported by

J. M. B. Brown

Address

Ellicott City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Ethel Scott

Died at

Ellicott City Howard MARYLAND

Date 1896

Month Day Y. M. D. Native of Occupation
June 23 7 6 Maryland~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's

Name

Oliver Scott, Jr.

Mother's

Name

Kessie Scott.

Cause of

Primary

Tetanus

Death

Immediate

Asphyxia

How long sick

Accident, Suicide, Homicide

Reported by

Address

W. C. Howe M. D.
Ellicott City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Wipps

Name
in
Full

Rebecca Sharps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death 1906	Month <i>June</i>	Day <i>13</i>	Age <i>26</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>House Keeper</i>		
Name of Wife or Husband <i>Barthel Sharps</i>					
Father's Name <i>John Gardner</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Caroline Gardner</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Rosie Biggenst</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Yellow Atrophy of Liver</i>	How long <i>Some weeks</i>
Immediate <i>Coma</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. J. Byrne</i>
	Address <i>Ellicott City, Md</i>
Accident or Suicide?	

Mt. Gilboa

Name in Full

Certificate of Death

Helen Dorothea Shipley

Died at *Ellicott City* ^{Town} *Howard* ^{County} *Co* **MARYLAND**

Date 189 *6* ^{Month} *June* ^{Day} *21* ^{Y.} *17* ^{M.} *-* ^{D.} *-* ^{Native of} *Maryland* ^{Occupation} *Schoolgirl*

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~

^{Female} ~~Colored~~ ^{Single} ~~Widower~~ ^{Number of children living}

Husband of _____

Wife of _____

Father's Name *John T. Shipley* Mother's Name *Helen Shipley*

Cause of Death { ^{Primary} *Tuberculosis, Phthisis* ^{How long sick} *6 weeks*

^{Immediate} *Artificial* ^{Accident, Suicide, Homicide}

Reported by *Mr. W. B. Rogers* *Friend*

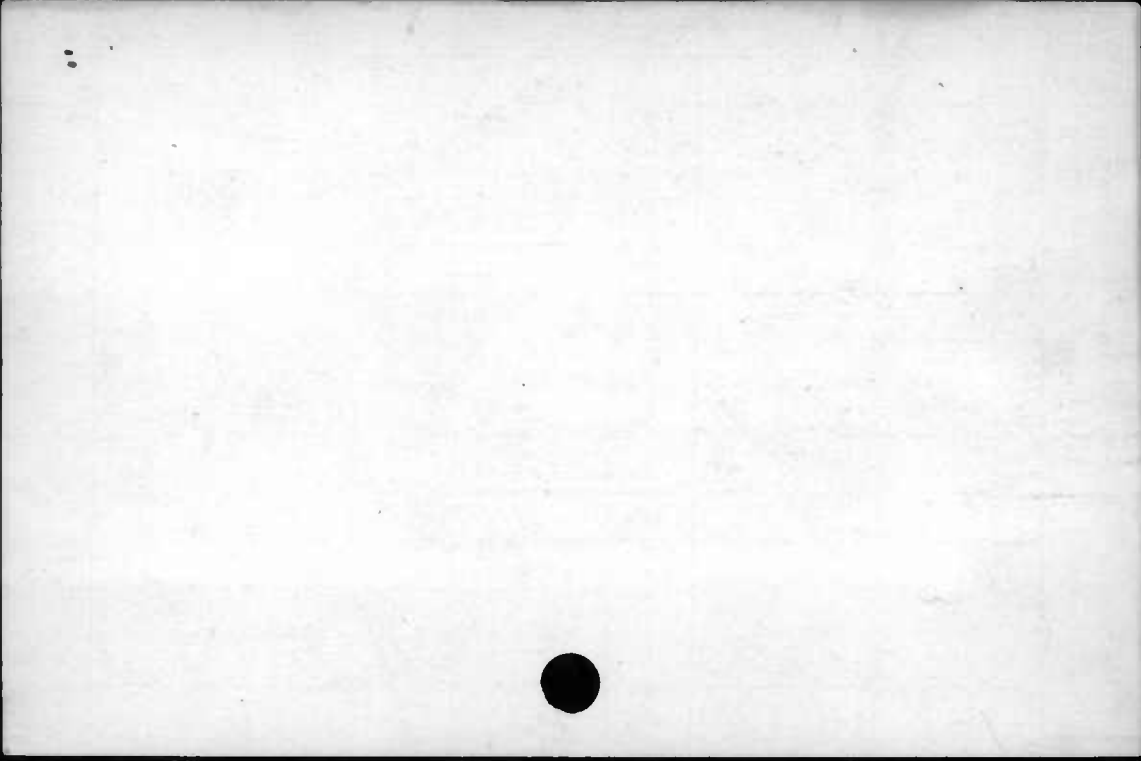
Address *Ellicott City, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65008



Name in Full		(Not named)		Slaunovich		CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND		Died near Dorsey's Run		Howard			
		Date of death 1906		Month June		Day 30	
		Age		Years		Months	
		Sex Female		Color or Race White		Birth place Near Dorsey's Run Maryland	
		Occupation		Where Residing If not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name Peter Slaunovich		Father's Birthplace Austria			
Mother's Maiden Name Louba Yarcowich		Mother's Birthplace Austria					
Name of person giving information Peter Slaunovich		How related to deceased Father					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Anuria		(120)		How long 3 days	
		Immediate Uremia (?)				How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Wm B. Gambrell			
		For Stretcher Sub Reg		Address Alberton, Md.			
		Accident or Suicide? Alberton Md					



Name in Full		CERTIFICATE OF DEATH			
Cornelius Daniel Sullivan		Town Eek Ridge		County Howard	
Died at		MAYLAND			
Date of death		Month June	Day 18	Years 44	Months 3
Sex Male		Color or Race White		Birth- place Maryland	
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed		Name of Wife or Husband _____			
Father's Name Michael J. Sullivan		Father's Birthplace Maryland			
Mother's Maiden Name Rose M. Laffy		Mother's Birthplace Maryland			
Name of person giving In formation Michael J. Sullivan		How related to deceased Father			
CAUSES OF DEATH					
Primary Acute Meningitis		How long 5 days			
Immediate Convulsion		How long Immediate			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician M. R. Eareckson,			
		Address Eek Ridge, Md.			
Accident or Suicide?					

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers

606 & 608 W. LaFayette Ave.

TELEPHONE 1993. —

Name
in
Full

James R. Thomas

CERTIFICATE OF DEATH

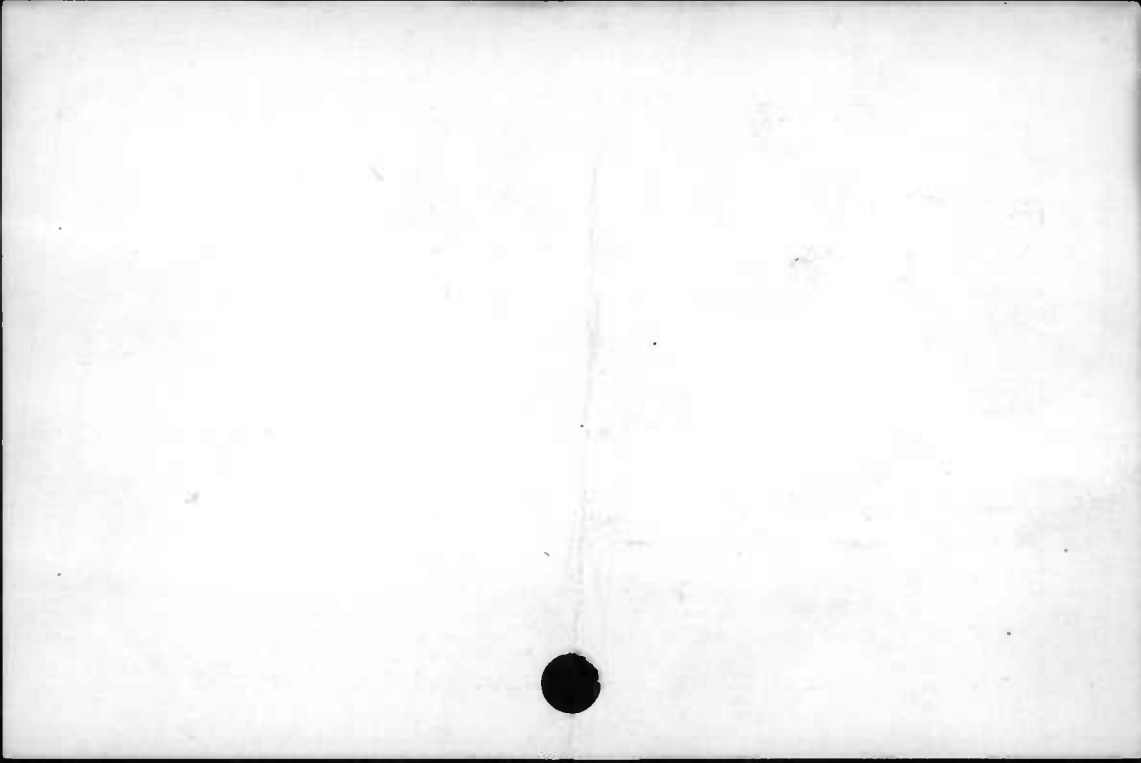
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Smilford</i>		County <i>Howan</i>		MARYLAND	
Date of death	1906	Month <i>6</i>	Day <i>24</i>	Age	Years	Months	Days <i>23</i>
Sex	<i>male</i>		Color or Race	<i>black</i>		Birth-place	<i>md</i>
Occupation	<i>Infant</i>			Where Residing if not at place of death		<i>Smilford</i>	
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband _____				
Father's Name	<i>Frank Thomas</i>					Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Galene Hardin</i>					Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Frank Thomas</i>					How related to deceased	<i>father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>	How long	<i>(15)</i>
Immediate	<i>Transition</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. W. L. in Union M.D.</i>
		Address	<i>Savage</i>
Accident or Suicide?	<i>Neither</i>		<i>md</i>



Name
in
Full

Alice Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Glenwood</i>		Town <i>Glenwood</i>		County <i>Howard</i>		MARYLAND	
Date of death 1906	Month <i>Jun</i>	Day <i>10th</i>	Age	Years	Months	Days <i>2</i>	
Sex <i>Female</i>	Color or Race <i>C & C</i>		Birth-place <i>Rome</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i></i>				
Name of Wife or Husband <i></i>							
Father's Name <i>Lo Williams</i>				Father's Birthplace <i>Mont Co</i>			
Mother's Maiden Name <i>Lucia Ponell</i>				Mother's Birthplace <i>Mont Co</i>			
Name of person giving information <i>Father</i>				How related to deceased <i></i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsical</i>	How long <i>(177)</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Lucia Ponell</i>
	Address <i></i>
Accident or Suicide? <i></i>	

